Register online at www.mcreg.com

Murray Parks & Recreation
www.murray.utah.gov
801 264-2614

Spring Volleyball Clinic

Learn the fundamentals associated with playing volleyball including footwork, setting, bumping, passing, serving, blocking and more. This program is for boys and girls. High quality of volleyball instruction will be offered! Space is limited!

Dates:	**April 2, 4, 9, 11, 16, 18**
Cost:	**$40**
Place:	**Hillcrest Jr. High (5300 S. 126 E.)**
Ages:	**6-12**
Times:	**5:30 pm or 6:30 pm**
	(times could vary depending on number of participants)
Days:	**Mondays and Wednesdays**
Instructor:	**Heather Kidd,**
	Murray High's Volleyball Coach
Register:	**Murray Parks and Recreation Office, The Park Center or online at www.mcreg.com**
Deadline:	**Friday, March 30, 2012**

All participants will receive a clinic t-shirt and volleyball

<u>**Spring Volleyball Clinic**</u>
Send fee and form to Murray Parks and Recreation,
296 East Murray Park Avenue, Murray UT 84107

Name_____

Phone_____ Male/Female_____

Address_____

City_____ Zip Code_____

Age____   School _____

Birth date_____ Grade _____

Mother's Name_____

Phone_____ Cel Phone_____

Father's Name _____

Phone_____ Cel Phone_____

Email_____

Does your child have any physical limitations? Yes___ No___
If so, please Explain_____

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE
In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, liability release, and agree to all of their terms and conditions.

_____   _____
Parent/Guardian Signature   Date

For Office Use Only
Date_____ Staff_____ Amount_____
Payment CK__ Cash__ CC__